

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4750</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>William</u> <u>F</u> <u>Carroll</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>10020 W. Greenfield Ave.</u> City <u>Milwaukee</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53214</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 344</u> Labor Organization File Number <u>036-973</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>10020 W. Greenfield Ave.</u> City <u>Milwaukee</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53214</u>
5. Position in labor organization. <u>President/Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>William F Carroll</u>	On <u>8/9/2005</u> Date	<u>414-777-4473</u> Telephone Number

Name of Person Filing William Carroll	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Allco Credit Union</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6512 W. Greenfield Ave.</p> <p>City West Allis</p> <p>State Wisconsin ZIP Code + 4 53214</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Certificate of Deposit; Safe Deposit Box</p> <p>11.b. Approximate dollar value of such dealing. \$235,809</p> <p>12.a. Nature of interest held or income received.</p> <p>Personal Checking Account, Personal Savings Account</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101 N. Wacker Dr.

City Chicago

State Illinois

ZIP Code + 4 60606

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Milwaukee Drivers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10020 W. Greenfield Ave.

City Milwaukee

State Wisconsin

ZIP Code + 4 53214

11.a. Nature of such dealing.

Health, Welfare and Pension Fund Consulting

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner and Sporting Event

12.b. Amount.

\$67

Name of Person Filing William Carroll

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name M&I Marshall & Ilsley Trust Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1000 N Water St. TR-12

City Milwaukee

State Wisconsin ZIP Code + 4 53202

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Milwaukee Drivers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10020 W. Greenfield Ave

City Milwaukee

State Wisconsin ZIP Code + 4 53214

11.a. Nature of such dealing.

Health and Welfare Fund Custodian;
Pension Fund Custodian

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lunch and Sporting Event

12.b. Amount.

2004 Form LM – 30 Disclaimer

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for the calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended form LM-30.



William F. Carroll

8-8-05

Date